

*Heber Hospital  
Front Desk  
and  
Office Helpers*

HUSBAND

Born \_\_\_\_\_ Place \_\_\_\_\_  
Chr. \_\_\_\_\_ Place \_\_\_\_\_  
Marr. \_\_\_\_\_ Place \_\_\_\_\_  
Died \_\_\_\_\_ Place \_\_\_\_\_  
Bur. \_\_\_\_\_ Place \_\_\_\_\_

HUSBAND'S FATHER

HUSBAND'S MOTHER \_\_\_\_\_  
OTHER WIVES

Husband

Wife

Ward Examiners: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Stake or Mission

William Ercanbrack  
Beverley BONNER

NAME & ADDRESS OF PERSON SUBMITTING SHEET

RELATION OF ABOVE TO HUSBAND

RELATION OF ABOVE TO WIFE

FOUR GENERATION SHEETS FOR FILING ONLY

YES ☐

NO ☐

DATE SUBMITTED TO GENEALOGICAL SOCIETY

LDS ORDINANCE DATA

BAPTIZED (Date)

ENDOWED (Date)

SEALED (Date and Temple)

HUSBAND

WIFE

SEALED (Date and Temple)

WIFE TO HUSBAND

CHILDREN TO PARENTS

SEX M F	CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE TO WHOM	WHEN DIED		
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY		DAY	MONTH	YEAR
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

SOURCES OF INFORMATION

OTHER MARRIAGES

NECESSARY EXPLANATIONS